

OWEN COUNTY BUILDING DEPARTMENT
60 S MAIN ST. RM 101
SPENCER, IN. 47460
812-829-5017 EXT. 2

RESIDENTIAL ELECTRICAL APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

CONTRACTOR: _____

Reason for Application:

() Upgrade () Fuse to Breaker () 100 to 200 () 200 to 400

() Other _____

Directions to property _____

Verified statement of changes in electrical service:

I, the undersigned applicant, do hereby swear and affirm that I own the property located at the above address.

I have made application for a change in electrical service. I also understand that said changes must be inspected and approved by the Owen County Building Inspector prior to receiving electrical service.

I am not making any additions or alterations which would in any way effect the septic system.

I make this statement for the specific purpose of obtaining a release from the Owen County Board of Health as required by Ordinance 1996-5 Section 111 Paragraph (A) under the penalties of perjury.

Applicant's Signature

Date

Application #: **RE 2022-** _____

Receipt #: _____

Application Fee: \$75.00

Date Green Tagged: _____